

NOTICE OF FILING/CLAIM FEE(S) DUE TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: 09 066666

Total Fee Calculation

	Fee Code	Tota! ≝ Claims	Number Extra	X	Fæ	
	Sm./Lg				Sm. Entity	Lg Entity
Basic Filing F€	201/101				·	090
Total Claims >20	203/103	2 4 -20 =	4	X		28
Independent Claims >3	202/102	-3 =		X		<u>00</u>
Mult. Dep Claim Present	204/104	-		7.		
Surcharge	205/105					136
English Translation	139					100

TOTAL FEE CALCULATION

Fees due upon filing the application:

Total Filing Fees Due = S / 008, 00

Less Filing Fees Submitted - S / 008

BALANCE DUE = S / 008 / 00

Office of Initial Patent Examination

							Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 1997												
CLAIMS AS FILED - PART I (Column 1) (Column 2)							MALL TYPE	ENTITY	OR		R THAN ENTITY	
FOR NUMBER FILED NUMBER EXTRA				F	ATE	FEE		RATE	FEE			
BASIC FEE								395.00	OR		790.00	
TOTAL CLAIMS						xS	311=		OR	x\$22=	88	
INDEPENDENT CLAIMS 3 minus 3 = *						х	41=		OR	x82=		
MULTIPLE DEPENDENT CLAIM PRESENT							35=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							OTAL		OR	TOTAL	808	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							COTHER THAN					
1	CL/	AIMS AINING	HI	GHEST	(Column 3)		MALL		QR	SMALL		
AMENDMENT A	AF	TER DMENT	PRE	UMBER VIOUSLY ID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total *	24 Min	nus **	24	=	x\$	11=		OR	x\$22=		
AME	Independent *	3 Min	ius ***	2	=	X4	11=		OR	x82=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						35=		OR	+270=		
(Column 1) (Column 2) (Column 3)							OTAL r. fee		OR ,	TOTAL ADDIT. FEE		
ENT B	REM/ AF	AIMS AINING TER DMENT	NU PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total *	Mini	us **	24	= 1	x\$	11=		OR	x\$22=	12600	
AMENDME	Independent *	3 Mini	us ***	3	=	X4	11=		OR	x82=	1000	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						35=		OR	+270=	,	
	(Colu	ımn 1)	(Co	olumn 2)	(Column 3)		OTAL . FEE		OR A	TOTAL ADDIT. FEE	12/00/	
AMENDMENT C	REMA AF	AIMS AINING TER DMENT	NU PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MOZ	Total *	Minu	us **	31	=	x \$	11=		OR	x\$22=		
ME	Independent *	Minu	***	3	=	x 4	1=		OR	x82=		
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+13	35=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												